

S. No. 300
V. 10.48

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Sign-File No. 29551

BIRTH NO. 47514-50 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 7007 Registrar's No. 355

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1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF	
c. LENGTH OF STAY (in this place) 1 mo		d. STREET ADDRESS (If rural, give location) So. 11th St	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LINDA b. (Middle) MARIE c. (Last) DENNEY			4. DATE OF DEATH (Month) (Day) (Year) SEPT 11-1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE U	8. DATE OF BIRTH AUG 3-1950	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) POPLAR BLUFF MO	12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME HASKELL DENNEY		13b. MOTHER'S MAIDEN NAME LAURA SMITH		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Haskell Denney RFD #5 Poplar Bluff Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 71.30
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u>		
	DUE TO (c) <u>Diarrhea</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1950, to 11 Sept, 1950 that I last saw the deceased alive on 11 Sept, 1950, and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl A. Ret M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>12 Sept 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL U</u>	24b. DATE <u>SEPT 13-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLACK CREEK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>S. W. POPLAR BLUFF MO</u>		
DATE REC'D BY LOCAL REG. <u>Sept 12, 1950</u>	REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>N.P. Phelps Poplar Bluff Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 19 1950
BUTLER CO. HEALTH CENTER
FILE No. 420-375

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3231

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.